

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

32847

8269

FILED SEP 25 1952

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo.

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)

St. Louis

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township)

St. Louis

2079

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DePaul Hospital

d. STREET ADDRESS (If rural, give location)

5681 Hiller Place

6

3. NAME OF DECEASED

a. (First)

Stephen

b. (Middle)

J.

c. (Last)

Collins

4. DATE OF DEATH

(Month)

(Day)

(Year)

Sept. 1 1952

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 22 1880

9. AGE (In years last birthday)

72

10. IF UNDER 1 YEAR

Months

11. IF UNDER 1 MIN.

Hours

12. IF UNDER 1 MIN.

Minutes

10a. USUAL OCCUPATION (Give kind of work)

Police Lieutenant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

John Collins

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Rosa Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Rosa Collins 5681 Hiller Place

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Congestive cardiac failure

Art. Sel. Heart Dis.

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

3 mo.

unk.

unk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

4200

22. I hereby certify that I attended the deceased from 8:30, 1952 to 9:30, 1952 that I last saw the deceased alive on 8:30, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

9/4/52

24c. NAME OF CEMETERY OR CREMATORY

Calvary

24d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

DATE REC'D BY LOCAL REG. SEP 2 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Sullivan's 2849 N. Euclid Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No.....
3565

P. O. Address.....
St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.